

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**10/030966**

FILING DATE

12/10/04 CLAIMS

NO.	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/		/		51					
2	/		/		/		52					
3	2		2		2		53					
4	/		/		/		54					
5	/		/		/		55					
6	/		/		/		56					
7	0		/		/		57					
8	0		/		/		58					
9	0		4		4		59					
10	0		1		1		60					
11	0		1		1		61					
12	0		1		1		62					
13	0		1		1		63					
14	0		1		1		64					
15	0		1		1		65					
16	0		1		1		66					
17	0		1		1		67					
18	0		1		1		68					
19	0		1		1		69					
20	0		1		1		70					
21	0		1		1		71					
22	0		1		1		72					
23	0		1		1		73					
24	0		1		1		74					
25	0		1		1		75					
26	0		1		1		76					
27	0		1		1		77					
28	0		1		1		78					
29	0		1		1		79					
30	0		2		2		80					
31	0		1		1		81					
32	0		1		1		82					
33	0		1		1		83					
34	0		1		1		84					
35	0		1		1		85					
36	0		1		1		86					
37	1		1		1		87					
38	1		1		1		88					
39	1		1		1		89					
40	1		1		1		90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.			7		5							
TOTAL DEP.			38		42							
TOTAL CLAIMS			45		47							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS